

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	CONFIDENTIAL	<input checked="" type="checkbox"/> SECRET	
<b>CENTRAL INTELLIGENCE AGENCY</b> <b>OFFICIAL ROUTING SLIP</b>			
TO	NAME AND ADDRESS	INITIALS	DATE
1	SSA-DD/S		
2	SPA-DD/S		
3			
4			
5			
6			
<input checked="" type="checkbox"/>	ACTION	<input type="checkbox"/> DIRECT REPLY	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/> DISPATCH	<input type="checkbox"/> RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/> FILE	<input type="checkbox"/> RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/> INFORMATION	<input type="checkbox"/> SIGNATURE
<b>Remarks:</b>  <p style="margin-left: 40px;">With regard to our discussions of the functions of the Special Support Assistant and the Special Planning Assistant, please submit to me your coordinated recommendations not later than 15 December 1956.</p> <div style="border: 1px solid black; height: 50px; width: 300px; margin: 10px auto;"></div>			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
DEPUTY DIRECTOR (SUPPORT)			12/4/56
<input type="checkbox"/>	UNCLASSIFIED	<input type="checkbox"/> CONFIDENTIAL	<input checked="" type="checkbox"/> SECRET

FORM NO. 237  
1 APR 55

Replaces Form 30-4  
which may be used.

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